

Campbell Collaboration Social Welfare Coordinating Group

Title Registration Form

Please complete this form to begin the process of registering a review with the Campbell Collaboration Social Welfare group. When approved by the editorial board, the title and registration form will be posted in the Campbell Library (<http://www.campbellcollaboration.org/Fralibrary2.html>). Please be explicit about what you will and will not do. Use as much space in the form as you wish. Please return the completed form to awi@nokc.no.

1. Title of review (Suggested format: [intervention/s] for [outcome/s] in [problem/population] in [location/situation]. Example: behavioural therapy for reducing violence among adolescents in institutions)

Treatment Foster Care for improving outcomes in children and young people

2. Background and objective of this review (Briefly describe the problem and the intervention.)

Treatment foster care (TFC) is a foster family-based placement that aims to provide young people (and, where appropriate, their families) with an individually tailored programme designed to help bring about positive changes in their lives (Bereika 1992, Clark 1993). Because it is individually tailored programme, TFC is sufficiently flexible to accommodate different client populations with a wide range of clinical problems and shifting community needs (Clark 1993). TFC was designed specifically to cater for the needs of children whose difficulties or circumstances place them at risk of multiple placements and/or more restrictive placements such as hospital or secure residential or youth justice settings (Webb 1988). These groups include children who have experienced trauma, neglect or abandonment; children and adolescents with mental health problems, children with problems of antisocial behaviour and offending, and children with serious medical conditions (Davis 1984; Foster 1982).

Multiple placements deprive children of the opportunities to establish strong attachments with carers, to establish and maintain friendship networks and to realise their potential in education. The long-term adverse consequences for children are formidable. Mainstream foster care or residential care placements do not typically provide interventions designed specifically to address the needs of young people placed; nor do they provide carers with the skills and support services needed to implement them. Externally, the paucity of professional services available to children, compounded by long waiting lists and the serendipitous nature of services that are available, often mean that appropriate help is not there when it is needed. This is the vacuum which treatment foster care seeks to fill.

3. Define the population (Who is included and who is excluded?)

Children and young people aged up to 18 with emotional, behavioural and mental health problems

- children and adolescents with mental health problems who may require psychiatric hospitalisation;
- drug and substance dependent children and youth who may be in need of out-of-home placements in group child welfare and/or hospital settings;
- delinquent youth at risk of incarceration or placement in highly restrictive group/residential settings.

4. Intervention/s (What is given, by whom, and for how long? What are the comparison conditions?)

Treatment foster care – is a multi-faceted programme that recognises the ecological context in which emotional and behavioural problems of childhood and adolescence occur. In treatment foster care (TFC) foster parents are carefully selected, then trained and supported in child management methods that are designed to bring about relevant behavioural and emotional change in the young people

No treatment, wait-list control, standard care (e.g. traditional foster home) or other treatment options.

5. Outcome/s (What are the intended effects of the intervention? Primary and secondary outcomes should all be mentioned.)

The intervention intends to result in decreases in emotional and behavioural problems for the child (including violence, delinquency); improvements in school attendance and achievement; placement stability; decrease in costs to the state in service provision, residential treatment and in social problems in the longer-term.

Foster carers' satisfaction, children's satisfaction and the satisfaction of children's biological families, and foster carers' skills in behavioural management techniques/methods will also be assessed.

6. Methodology (What types of studies are included and excluded? Please describe eligible study designs, control/comparison groups, measures, and duration of follow-ups.)

Studies in which allocation of study participants to groups was by random allocation or quasi-random allocation, i.e., by day of the week, alternate numbers, case number or alphabetical order. Studies comparing a TFC intervention versus control will be included. The control group can be a no-treatment, wait-list control, or regular foster care. There will be no language restrictions. We will consider immediate post-intervention outcomes but it is the medium and long-term follow-up (1year -- 10 years onward) where we expect the effects of this program to be of greatest interest..

Reviewer/s

Lead reviewer (Name, address, telephone, fax, e-mail):

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Other reviewer/s:

William Turner (UK)

Do you need support in any of these areas: methodology and causal inference, systematic searches, coding, statistics (meta-analysis)?

We will rely upon the search skills of the TSC of the DPLP and statistical advice from both C1 and C2 methodologists.

Once the editorial board approves the registration of your title, you have six months to complete the protocol. If the protocol is not finished after six months, the review area is opened up for others.

Queries should be addressed to awi@nokc.no

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